

# EXHIBIT C

From:

CASE 0:15-md-02666-JNE-DTS Doc. 54-3 Filed 06/21/16 Page 2 of 12

07/16/2014 15:59

#752 P.001/003

**CERTIFY**  
**TATE LAW**  
**GROUP, LLC**

RECEIVED  
JUL 21 2014  
BY:

45951  
2 East Bryan Street • Suite 600  
Savannah, Georgia 31401

Telephone: (912) 234-3030  
Facsimile: (912) 234-9700  
[www.tatelawgroup.com](http://www.tatelawgroup.com)

July 16, 2014

(X)

Jack Hughston Memorial Hospital  
**Medical Records Custodian**  
4401 River Chase Drive  
Phenix City, AL 36867  
T:(877) 988-8546/F:(334) 732-3646

BILLS

Via Facsimile

Re: Patient: Michael Leachman  
SSN: 253-06-  
DOB: 6/17/

Dear Sir or Madam:

This firm has been retained to represent the interests of the above-referenced client. This is a products liability investigation. Enclosed please find a properly executed medical release authorizing you to release all of your records relating to your treatment of the above-mentioned client.

Please forward a copy of the billing records and any and all H&P's, Consult Notes, Lab Reports, Pathology Reports, Radiology Reports, Operative Reports, Implant Stickers and Discharge Summaries dating from 06/05/2014 - Present to:

Tate Law Group, LLC  
Attn: Katie M. Kindred  
2 E. Bryan Street, Suite 600  
Savannah, GA 31401  
Phone: (912) 234-3030  
Fax: (912) 234-9700

If the records cost should exceed \$100.00, please contact our office first for pre-approval. Please also sign the enclosed form entitled O.C.G.A. § 24-10-71(b) certificate which authenticates the medical records you are providing. Thank you for your cooperation and please feel free to contact me should you have any questions or concerns regarding this matter.

Best Regards,

*Katie M. Kindred*  
Katie M. Kindred  
Legal Assistant

/kk

Enclosures

B-10121238

## Authorization for Release of Information

1. I (the undersigned) authorize Jack Hughston Memorial Hospital (provider/facility name)

To release information from the record(s) of:

Patient Name: Leachman Michael

(Last)

(First)

(Middle)

Address: 705 W 48th Street Savannah GA 31405

Date of Birth: 6-17- SS#: 253-06

Covering the period(s) of treatment: From: 6/5/2014 To: Present

2. Information to be released:

Progress Notes  Radiology/X-Ray films  Diagnostic Tests  Billing Records  
 Manufacturer Implant Stickers  Lab  History & Physical  Abstract of All Records  
 Operative/ Procedure Report  Discharge Summary  Other: Consult Notes; Pathology Reports; Radiology Reports  
 Complete Medical Record (includes information regarding insurance, demographics, referral documents and records from other facilities).

3. Information is to be released to:

Tate Law Group, LLC  
2 E. Bryan Street, Ste 600  
Savannah, GA 31401  
Phone: 912-234-3030  
Fax: 912-234-9700

4. Purpose of disclosure: Legal Investigation for Product Liability

5. I understand this consent may be revoked in writing at any time, with exception to the extent that disclosure of information has already occurred prior to the receipt of revocation by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 1 year from the date of signing. To initiate revocation of this authorization direct all correspondence to the "Specific Requestor" above. I understand that I need not sign this form in order to ensure health care treatment, payment enrollment in my health plan or eligibility for benefits.

6. I understand that this consent is to include disclosure of: (PLEASE INITIAL): ML

Alcohol and/or drug abuse record  Psychiatric records/Counseling records  
 Sexually transmitted disease information  HIV/AIDS Information

7. A photocopy of this authorization is to be considered as valid as the original.

8. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.

SIGNATURE: Michael Leachman DATE: 7/16/14  
Patient or personal/legal representative (Next-of-kin or legal guardian to sign only if patient is a minor, legally incompetent, or deceased)

PRINT NAME: Michael Leachman

Relationship to patient of personal/legal representative signing for patient: Self

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_



## Record Certification and Notary

Jack Hughston Memorial Hospital Use Only

The undersigned Wesley Martin, hereby certifies he is a representative of Russell County Community Hospital, LLC d/b/a Jack Hughston Memorial Hospital, and hereby certifies the attached records are true, correct and accurate copies of records maintained by Russell County Community Hospital, LLC designated as the medical chart pertaining Michael Lechman to for care and treatment rendered July 2014.

This 22<sup>nd</sup> day of August, 2014.

Sworn to and subscribed before me

this 22 day of August,  
2014.

By: W. M.

(custodian)

Title: HIM Tech II

Claudine Bramlett

NOTARY PUBLIC  
My Commission Expires

CLAUDINE BRAMLETT  
NOTARY PUBLIC  
ALABAMA STATE AT LARGE  
MY COMMISSION EXPIRES APRIL 01, 2017

## DEMAND BILL

JACK HUGHSTON MEMORIAL  
 4401 RIVER CHASE DRIVE  
 PHENIX CITY AL  
 36867  
 334-732-3000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
LEACHMAN MICHAEL	19'	7/08/14	7/14/14	1

42894 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
LEACHMAN MICHAEL 705 WEST 48TH STREET SAVANNAH GA 31405	M	MEDICARE A&B MEDICAID GEORGIA	25306 A 11190294

AGE	DR. NAME
56	WALDROP JOHN I

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
8/04/14 0000001	ADJUSTMENT			197.14CR	
8/04/14 0000000	PAYMENT			9659.99CR	
8/04/14 0000001	ADJUSTMENT			16430.40CR	
7/08/14 3101000	R&B M/S 4TH FLR	1	680.00	680.00	
7/09/14 3101000	R&B M/S 4TH FLR	1	680.00	680.00	
7/10/14 3101000	R&B M/S 4TH FLR	1	680.00	680.00	
7/11/14 3101000	R&B M/S 4TH FLR	1	680.00	680.00	
7/11/14 3103021	WOUND VAC THERAPY	1	126.00	126.00	
7/12/14 3101000	R&B M/S 4TH FLR	1	680.00	680.00	
7/12/14 3103021	WOUND VAC THERAPY	1	126.00	126.00	
7/13/14 3101000	R&B M/S 4TH FLR	1	680.00	680.00	
7/13/14 3103021	WOUND VAC THERAPY	1	126.00	126.00	
7/14/14 3103021	WOUND VAC THERAPY	1	126.00	126.00	
7/10/14 4421499	GROSHONG CATHETER	1	2412.45	2412.45	C1751
7/09/14 4000725	WND DRAIN RES 400ML	2	39.00	78.00	
7/09/14 4001404	OR 1ST HR	1	3433.00	3433.00	SURG
7/09/14 4005378	IMPERVIOUS STOCKINET	1	17.18	17.18	
7/09/14 4005729	VERALINK CASSETTE	1	137.50	137.50	
7/09/14 4005731	VERAFLOW DRESSING	1	330.00	330.00	
7/09/14 4010000	GENERAL CDS PACK	1	31.46	31.46	
7/09/14 4428365	IV .9% SOD/CLOR IRRG	1	19.00	19.00	
7/10/14 4001404	OR 1ST HR	1	3433.00	3433.00	SURG
7/10/14 4002739	CLASS 1 SUTURE	1	27.50	27.50	
7/10/14 4002739	CLASS 1 SUTURE	1	27.50	27.50	
7/09/14 4106211	RECOVERY ROOM 1 HOUR	1	453.00	453.00	
7/10/14 4106211	RECOVERY ROOM 1 HOUR	1	453.00	453.00	
7/09/14 4115001	ANES.GEN 1ST HOUR	1	906.00	906.00	
7/09/14 4115002	ANES.GEN Q 15MIN	1	227.00	227.00	
7/10/14 4115001	ANES.GEN 1ST HOUR	1	906.00	906.00	
7/10/14 4115034	LMA	1	20.00	20.00	
7/10/14 4157110	XR CHEST 1 VIEW	1	142.00	142.00	71010
7/10/14 4158037	FLUORO CATH GUIDE	1	334.00	334.00	77001
7/08/14 4304046	GRAM STAIN	1	44.00	44.00	87205
7/08/14 4304307	CULT. ROUTINE	1	112.00	112.00	87070
7/09/14 4304046	GRAM STAIN	1	44.00	44.00	87205
7/09/14 4304307	CULT. ROUTINE	1	112.00	112.00	87070
7/09/14 4304308	CULTURE ANAEROBIC, E	1	94.00	94.00	87075

DEMAND BILL

JACK HUGHSTON MEMORIAL  
 4401 RIVER CHASE DRIVE  
 PHENIX CITY AL  
 36867  
 334-732-3000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
LEACHMAN MICHAEL	19	7/08/14	7/14/14	2

42894 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
LEACHMAN MICHAEL	M	MEDICARE A&B	25306 A
705 WEST 48TH STREET		MEDICAID GEORGIA	11190294
SAVANNAH GA 31405			

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	DR. NAME	CPT CODE
7/10/14 4301201	BASIC METABOLIC PANE	1	219.00	219.00	WALDROP JOHN I	80048
7/10/14 4302021	HEMATOCRIT	1	44.00	44.00		85014
7/10/14 4302024	HEMOGLOBIN	1	44.00	44.00		85018
7/10/14 4306857	VENIPUNCTURE	1	14.00	14.00		36415
7/11/14 4301423	VANCOMYCIN, PEAK	1	131.00	131.00		80202
7/11/14 4301425	VANCOMYCIN, TROUGH	1	131.00	131.00		80202
7/11/14 4301603	LIVER PANEL	1	279.00	279.00		80076
7/11/14 4302021	HEMATOCRIT	1	44.00	44.00		85014
7/11/14 4302024	HEMOGLOBIN	1	44.00	44.00		85018
7/11/14 4302032	SED RATE MANUAL	1	60.00	60.00		85651
7/11/14 4304301	CULT. BLOOD	1	156.00	156.00		87040
7/11/14 4304301	CULT. BLOOD	1	156.00	156.00		87040
7/11/14 4306857	VENIPUNCTURE	1	14.00	14.00		36415
7/11/14 4308761	C-REACTIVE PROTEIN	1	43.00	43.00		86140
7/08/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00		J3370
7/08/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00		J3370
7/08/14 4400582	NS 250ML ADV	1	40.00	40.00		
7/08/14 4400599	LACTATED RINGERS	1	40.00	40.00		
7/08/14 4402104	HYDROCODONE 10MG	1	6.00	6.00		A9270 GY
7/09/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00		J3370
7/09/14 4400183	HYDRALAZINE 20MG/ML	1	60.00	60.00		J0360
7/09/14 4400280	FENTANYL 100MGC/2ML	1	25.00	25.00		J3010
7/09/14 4400392	MORPHINE 2MG/ML INJ	1	25.00	25.00		J2270
7/09/14 4400392	MORPHINE 2MG/ML INJ	1	25.00	25.00		J2270
7/09/14 4400599	LACTATED RINGERS	1	40.00	40.00		
7/09/14 4400835	CLONIDINE 0.1MG TAB	1	6.00	6.00		A9270 GY
7/09/14 4400938	HYDROMORPH 1MG/1ML	1	25.00	25.00		
7/09/14 4401473	PROTONIX 40MG TAB	1	18.25	18.25		A9270 GY
7/09/14 4401473	PROTONIX 40MG TAB	1-	18.25	18.25		A9270 GY
7/09/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15		A9270 GY
7/09/14 9999999	NO CHARGE	1	.00	.00		
7/10/14 4400011	NS 100ML ADV	1	40.00	40.00		
7/10/14 4400061	METOCLOP 10MG/2ML	1	20.00	20.00		J2765
7/10/14 4400071	VANCOMYCIN 500MG	1	20.00	20.00		J3370
7/10/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00		J3370
7/10/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00		J3370
7/10/14 4400195	BACIIM 50 MU	1	25.00	25.00		

DEMAND BILL

JACK HUGHSTON MEMORIAL  
 4401 RIVER CHASE DRIVE  
 PHENIX CITY AL  
 36867  
 334-732-3000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
LEACHMAN MICHAEL	19	7/08/14	7/14/14	3

42894 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
LEACHMAN MICHAEL	M	MEDICARE A&B	25306 A
705 WEST 48TH STREET		MEDICAID GEORGI	11190294
SAVANNAH GA 31405			

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	DR. NAME	CPT CODE
7/10/14 4400195	BACIIM 50 MU	1	25.00	25.00		
7/10/14 4400195	BACIIM 50 MU	1	25.00	25.00		
7/10/14 4400195	BACIIM 50 MU	1-	25.00	25.00CR		
7/10/14 4400195	BACIIM 50 MU	1-	25.00	25.00CR		
7/10/14 4400195	BACIIM 50 MU	1-	25.00	25.00CR		
7/10/14 4400263	DIPRIVAN 200MG/20ML	1	20.00	20.00	WALDROP JOHN I	J3490
7/10/14 4400280	FENTANYL 100MGC/2ML	1	25.00	25.00		J3010
7/10/14 4400301	HEPARIN 100U/ML	2	20.00	40.00		J1644
7/10/14 4400310	HYDROMORPHONE 2MG/ML	1	25.00	25.00		
7/10/14 4400374	BUPIV/EPI 0.25/1:200	1	29.00	29.00		
7/10/14 4400498	KETOROLAC 30MG	2	20.00	40.00		J1885
7/10/14 4400498	KETOROLAC 30MG	2-	20.00	40.00CR		J1885
7/10/14 4400498	KETOROLAC 30MG	2	20.00	40.00		J1885
7/10/14 4400509	MIDAZOLAM 1MG/ML	2	25.00	50.00		J2250
7/10/14 4400582	NS 250ML ADV	1	40.00	40.00		
7/10/14 4400582	NS 250ML ADV	1	40.00	40.00		
7/10/14 4400599	LACTATED RINGERS	1	40.00	40.00		
7/10/14 4400599	LACTATED RINGERS	1	40.00	40.00		
7/10/14 4400599	LACTATED RINGERS	1	40.00	40.00		
7/10/14 4400599	LACTATED RINGERS	1-	40.00	40.00CR		
7/10/14 4400599	LACTATED RINGERS	1-	40.00	40.00CR		
7/10/14 4400599	LACTATED RINGERS	1-	40.00	40.00CR		
7/10/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75		A9270 GY
7/10/14 4400938	HYDROMORPH 1MG/1ML	1	25.00	25.00		
7/10/14 4400938	HYDROMORPH 1MG/1ML	1	25.00	25.00		
7/10/14 4400938	HYDROMORPH 1MG/1ML	1	25.00	25.00		
7/10/14 4400945	MORPHINE 4MG INJ	1	25.00	25.00		J2270
7/10/14 4400967	DOCUSATE SOD 100MG	1	6.00	6.00		A9270 GY
7/10/14 4401078	NS 20ML	1	20.00	20.00		
7/10/14 4401186	MAG/AL PLUS 30ML UD	1	6.00	6.00		A9270 GY
7/10/14 4401186	MAG/AL PLUS 30ML UD	1-	6.00	6.00CR		A9270 GY
7/10/14 4401280	TRIPLE AB OINT	1	19.00	19.00		A9270 GY
7/10/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00		A9270 GY
7/10/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00		A9270 GY
7/10/14 4401473	PROTONIX 40MG TAB	1	18.25	18.25		A9270 GY
7/10/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50		
7/10/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50		

## DEMAND BILL

JACK HUGHSTON MEMORIAL  
 4401 RIVER CHASE DRIVE  
 PHENIX CITY AL  
 36867  
 334-732-3000

PATIENT NAME LEACHMAN MICHAEL	ACCOUNT NO. 19'	ADMIT DATE 7/08/14	DIS. DATE 7/14/14	PAGE 4
----------------------------------	--------------------	-----------------------	----------------------	-----------

42894 GUARANTOR NAME/ADDR. LEACHMAN MICHAEL 705 WEST 48TH STREET SAVANNAH GA 31405	F/C M	INS. CO/PLANS MEDICARE A&B MEDICAID GEORGI	POLICY # 25306 A 11190294
---	----------	--	---------------------------------

AGE 56	DR. NAME WALDROP JOHN I
-----------	----------------------------

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/10/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50	
7/10/14 4401838	POLYMICIN 500,000 UN	1-	63.50	63.50CR	
7/10/14 4401838	POLYMICIN 500,000 UN	1-	63.50	63.50CR	
7/10/14 4401838	POLYMICIN 500,000 UN	1-	63.50	63.50CR	
7/10/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
7/10/14 4402221	OFIRMEV 1000MG/100ML	100	.53	53.00	J0131
7/10/14 4408090	LIDOCAINE 1% 10ML	1	6.00	6.00	
7/10/14 4408093	FAMOTIDINE 40MG/40ML	40	25.00	1000.00	
7/11/14 4400004	NON-CHARGE (KEY)	1		.00	
7/11/14 4400004	NON-CHARGE (KEY)	1-		.00	
7/11/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370
7/11/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370
7/11/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370
7/11/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370
7/11/14 4400073	VANCOMYCIN HCL 1GM	2-	65.00	130.00CR	J3370
7/11/14 4400073	VANCOMYCIN HCL 1GM	2-	65.00	130.00CR	J3370
7/11/14 4400195	BACIIM 50 MU	1	25.00	25.00	
7/11/14 4400195	BACIIM 50 MU	1	25.00	25.00	
7/11/14 4400195	BACIIM 50 MU	1	25.00	25.00	
7/11/14 4400195	BACIIM 50 MU	1	25.00	25.00	
7/11/14 4400195	BACIIM 50 MU	1	25.00	25.00	
7/11/14 4400195	BACIIM 50 MU	1	25.00	25.00	
7/11/14 4400195	BACIIM 50 MU	1	25.00	25.00	
7/11/14 4400195	BACIIM 50 MU	1-	25.00	25.00CR	
7/11/14 4400195	BACIIM 50 MU	1-	25.00	25.00CR	
7/11/14 4400195	BACIIM 50 MU	1-	25.00	25.00CR	
7/11/14 4400195	BACIIM 50 MU	1-	25.00	25.00CR	
7/11/14 4400195	BACIIM 50 MU	1-	25.00	25.00CR	
7/11/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
7/11/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
7/11/14 4400582	NS 250ML ADV	1	40.00	40.00	
7/11/14 4400582	NS 250ML ADV	1	40.00	40.00	
7/11/14 4400582	NS 250ML ADV	1	40.00	40.00	
7/11/14 4400582	NS 250ML ADV	1-	40.00	40.00CR	
7/11/14 4400582	NS 250ML ADV	1-	40.00	40.00CR	
7/11/14 4400598	NS 1000ML	1	40.00	40.00	
7/11/14 4400599	LACTATED RINGERS	1	40.00	40.00	
7/11/14 4400599	LACTATED RINGERS	1	40.00	40.00	

## DEMAND BILL

JACK HUGHSTON MEMORIAL  
 4401 RIVER CHASE DRIVE  
 PHENIX CITY AL  
 36867  
 334-732-3000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
LEACHMAN MICHAEL	19'	7/08/14	7/14/14	5

42894 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
LEACHMAN MICHAEL	M	MEDICARE A&B	25306 A
705 WEST 48TH STREET		MEDICAID GEORGI	11190294
SAVANNAH GA 31405			

		AGE	DR. NAME
		56	WALDROP JOHN I

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/11/14 4400599	LACTATED RINGERS	1	40.00	40.00	
7/11/14 4400599	LACTATED RINGERS	1	40.00	40.00	
7/11/14 4400599	LACTATED RINGERS	1	40.00	40.00	
7/11/14 4400599	LACTATED RINGERS	1	40.00	40.00	
7/11/14 4400599	LACTATED RINGERS	1-	40.00	40.00CR	
7/11/14 4400599	LACTATED RINGERS	1-	40.00	40.00CR	
7/11/14 4400599	LACTATED RINGERS	1-	40.00	40.00CR	
7/11/14 4400599	LACTATED RINGERS	1-	40.00	40.00CR	
7/11/14 4400599	LACTATED RINGERS	1-	40.00	40.00CR	
7/11/14 4400695	ASPIRIN 81MG CHEW	1	6.00	6.00	A9270 GY
7/11/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75	A9270 GY
7/11/14 4400818	CIPRO 500MG TAB	2	25.75	51.50	A9270 GY
7/11/14 4400932	DIAZEPAM 10MG/2ML	2	25.00	50.00	J3360
7/11/14 4400938	HYDROMORPH 1MG/1ML	1	25.00	25.00	
7/11/14 4400967	DOCUSATE SOD 100MG	1	6.00	6.00	A9270 GY
7/11/14 4401186	MAG/AL PLUS 30ML UD	1	6.00	6.00	A9270 GY
7/11/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
7/11/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
7/11/14 4401473	PROTONIX 40MG TAB	1	18.25	18.25	A9270 GY
7/11/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50	
7/11/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50	
7/11/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50	
7/11/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50	
7/11/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50	
7/11/14 4401838	POLYMICIN 500,000 UN	1	63.50	63.50	
7/11/14 4401838	POLYMICIN 500,000 UN	1-	63.50	63.50CR	
7/11/14 4401838	POLYMICIN 500,000 UN	1-	63.50	63.50CR	
7/11/14 4401838	POLYMICIN 500,000 UN	1-	63.50	63.50CR	
7/11/14 4401838	POLYMICIN 500,000 UN	1-	63.50	63.50CR	
7/11/14 4401838	POLYMICIN 500,000 UN	1-	63.50	63.50CR	
7/11/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
7/11/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
7/11/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
7/12/14 4400004	NON-CHARGE (KEY)	1	.00	.00	
7/12/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370
7/12/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370
7/12/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370

## DEMAND BILL

JACK HUGHSTON MEMORIAL  
 4401 RIVER CHASE DRIVE  
 PHENIX CITY AL  
 36867  
 334-732-3000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
LEACHMAN MICHAEL	19	7/08/14	7/14/14	6

42894 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
LEACHMAN MICHAEL 705 WEST 48TH STREET SAVANNAH GA 31405	M	MEDICARE A&B MEDICAID GEORGI	25306 A 11190294

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	DR. NAME	CPT CODE
7/12/14 4400582	NS 250ML ADV	1	40.00	40.00		
7/12/14 4400582	NS 250ML ADV	1	40.00	40.00		
7/12/14 4400582	NS 250ML ADV	1	40.00	40.00		
7/12/14 4400695	ASPIRIN 81MG CHEW	1	6.00	6.00	A9270 GY	
7/12/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75	A9270 GY	
7/12/14 4400818	CIPRO 500MG TAB	2	25.75	51.50	A9270 GY	
7/12/14 4400818	CIPRO 500MG TAB	2	25.75	51.50	A9270 GY	
7/12/14 4400967	DOCUSATE SOD 100MG	1	6.00	6.00	A9270 GY	
7/12/14 4401186	MAG/AL PLUS 30ML UD	1	6.00	6.00	A9270 GY	
7/12/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY	
7/12/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY	
7/12/14 4401473	PROTONIX 40MG TAB	1	18.25	18.25	A9270 GY	
7/12/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY	
7/12/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY	
7/13/14 4400004	NON-CHARGE (KEY)	1		.00		
7/13/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370	
7/13/14 4400612	NAACL 0.9% 250ML	1	40.00	40.00		
7/13/14 4400695	ASPIRIN 81MG CHEW	1	6.00	6.00	A9270 GY	
7/13/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75	A9270 GY	
7/13/14 4400818	CIPRO 500MG TAB	2	25.75	51.50	A9270 GY	
7/13/14 4400818	CIPRO 500MG TAB	2	25.75	51.50	A9270 GY	
7/13/14 4400932	DIAZEPAM 10MG/2ML	2	25.00	50.00	J3360	
7/13/14 4400938	HYDROMORPH 1MG/1ML	1	25.00	25.00		
7/13/14 4400967	DOCUSATE SOD 100MG	1	6.00	6.00	A9270 GY	
7/13/14 4401186	MAG/AL PLUS 30ML UD	1	6.00	6.00	A9270 GY	
7/13/14 4401473	PROTONIX 40MG TAB	1	18.25	18.25	A9270 GY	
7/13/14 4401796	DUONEB 3ML	1	12.50	12.50		
7/13/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY	
7/13/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY	
7/13/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY	
7/13/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY	
7/14/14 4400004	NON-CHARGE (KEY)	1		.00		
7/14/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370	
7/14/14 4400582	NS 250ML ADV	1	40.00	40.00		
7/14/14 4400695	ASPIRIN 81MG CHEW	1	6.00	6.00	A9270 GY	
7/14/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75	A9270 GY	
7/14/14 4400818	CIPRO 500MG TAB	2	25.75	51.50	A9270 GY	

## DEMAND BILL

JACK HUGHSTON MEMORIAL  
 4401 RIVER CHASE DRIVE  
 PHENIX CITY AL  
 36867  
 334-732-3000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
LEACHMAN MICHAEL	19	7/08/14	7/14/14	7

42894 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
LEACHMAN MICHAEL 705 WEST 48TH STREET SAVANNAH GA 31405	M	MEDICARE A&B MEDICAID GEORGI	25306 A 11190294

AGE	DR. NAME
56	WALDROP JOHN I

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/14/14 4400818	CIPRO 500MG TAB	2	25.75	51.50	A9270 GY
7/14/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
7/14/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
7/14/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
7/14/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
7/08/14 4421169	LS LF PRIMARY PLUMST	1	15.00	15.00	
7/09/14 4420003	DVT CALF CUFF	1	31.90	31.90	
7/09/14 4421302	9% SOD CHL 1000ML	1	4.00	4.00	
7/09/14 4421302	9% SOD CHL 1000ML	1	4.00	4.00	
7/09/14 4421308	9% SODCHL ADVAN	1	7.00	7.00	
7/09/14 4421348	PRIMARY SET W/CLAVE	1	17.00	17.00	
7/09/14 4421495	SENSOR ADULT	1	28.00	28.00	
7/09/14 4428155	BLANKET, BAIR HUGGER	1	27.00	27.00	
7/09/14 4428409	AIRWAY ORAL	1	37.48	37.48	
7/10/14 4421056	DRESSING V.A.C MED	1	153.00	153.00	
7/10/14 4421169	LS LF PRIMARY PLUMST	1	15.00	15.00	
7/10/14 4421302	9% SOD CHL 1000ML	1	4.00	4.00	
7/10/14 4421348	PRIMARY SET W/CLAVE	1	17.00	17.00	
7/10/14 4421495	SENSOR ADULT	1	28.00	28.00	
7/10/14 4422000	EXTENSION SET 18"	1	7.18	7.18	
7/10/14 4428155	BLANKET, BAIR HUGGER	1	27.00	27.00	
7/11/14 4421068	W O VAC SM WOUND DRS	1	87.70	87.70	
7/13/14 4429990	WOUND CANNISTER VAC	1	148.33	148.33	
7/10/14 4537015	INCENTIVE SPIROMETER	1	36.00	36.00	
7/13/14 4536506	AEROSOL TX INITIAL	1	103.00	103.00	94640
7/10/14 4652498	PT INITIAL EVALUATIO	1	315.00	315.00	97001 GP
7/10/14 4657065	MOBILITY CURRENT STA	1	1.00	1.00	G8978 GP CJ
7/10/14 4657071	MOBILITY GOAL STATUS	1	1.00	1.00	G8979 GP CI
7/10/14 4658010	PT GAIT TRN I 1/4 HR	1	76.00	76.00	97116 GP
7/11/14 4658010	PT GAIT TRN I 1/4 HR	2	76.00	152.00	97116 GP
7/12/14 4658010	PT GAIT TRN I 1/4 HR	1	76.00	76.00	97116 GP
7/13/14 4658010	PT GAIT TRN I 1/4 HR	2	76.00	152.00	97116 GP
7/14/14 4657080	MOBILITY D/C STATUS	1	1.00	1.00	G8980 GP CK
7/14/14 4658004	PT ADL/FUNCT ACT 1/4	1	73.00	73.00	97535 GP
7/14/14 4658010	PT GAIT TRN I 1/4 HR	1	76.00	76.00	97116 GP

DEMAND BILL

JACK HUGHSTON MEMORIAL  
 4401 RIVER CHASE DRIVE  
 PHENIX CITY AL  
 36867  
 334-732-3000

PATIENT NAME LEACHMAN MICHAEL	ACCOUNT NO. 19	ADMIT DATE 7/08/14	DIS. DATE 7/14/14	PAGE 8
----------------------------------	-------------------	-----------------------	----------------------	-----------

42894 GUARANTOR NAME/ADDR. LEACHMAN MICHAEL 705 WEST 48TH STREET SAVANNAH GA 31405	F/C M	INS. CO/PLANS MEDICARE A&B MEDICAID GEORGIA	POLICY # 25306____A 11190294'
---	----------	---	-------------------------------------

AGE 56	DR. NAME WALDROP JOHN I
-----------	----------------------------

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-------------	-----	------------	--------	----------

** SUMMARY OF CHARGES **	
** TOTAL CHARGES	** 26287.53
** TOTAL PAYMENTS	** 9659.99CR
** TOTAL ADJUSTMENTS	** 16627.54CR
** TOTAL AMOUNT DUE	** .00

PRIMARY DIAGNOSIS : 99666 EXC WOUND DEBRIDEMENT

SIGNATURE : \_\_\_\_\_  
 TAX I.D. : 331058243  
 PROVIDER # : 010168